SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION On.
<ul> <li>Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>	A. Signature  X
	B. Received by ( Printed Name) C. Date of Delivery
Article Addressed to:	D. Is delivery address different from item 1?   If YES, enter delivery address below:   No
Gradual Taylor 8283 Carrol Avenue	
Cincinnati, OH 45231	3. Service Type  Certified Mail Registered Return Receipt for Merchandise Insured Mail C.O.D.
	4. Restricted Delivery? (Extra Fee) Yes
2. Article Number 7001 2510 0008 6348 0661 (Transfer from service label) weber 02-446	
PS Form 3811, August 2001 Domestic Re	turn Receipt 102595-02-M-0835